

Appendix C. Facsimile of 1984 SIPP Third Wave Questions

Section 5 – TOPICAL MODULES			
Part A – EDUCATION AND WORK HISTORY			
CHECK ITEM T1	Refer to Control Card item 24. Is . . . 16 years of age or over?	8000	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to item 1, page 53
1a. These next questions are about education, health and work experience.			
CHECK ITEM T2	Refer to Control Card item 31a. Was . . . 's highest grade attended at least four years of high school? (Codes 12 – 26 in cc item 31a.)	8002	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 1e
1b. In high school what kind of program did . . . follow – was it (Read categories) – Mark (X) only one.		8004	1 <input type="checkbox"/> Academic or college preparatory? 2 <input type="checkbox"/> Vocational? 3 <input type="checkbox"/> Business or commerical? 4 <input type="checkbox"/> General? 5 <input type="checkbox"/> Some other type – Specify _____ x1 <input type="checkbox"/> DK
C. Did . . . complete courses in any of the following subjects in high school?			Yes No DK
(1) Algebra	8006	1 <input type="checkbox"/>	2 <input type="checkbox"/> x1 <input type="checkbox"/>
(2) Trigonometry or geometry	8008	1 <input type="checkbox"/>	2 <input type="checkbox"/> x1 <input type="checkbox"/>
(3) Chemistry or physics	8010	1 <input type="checkbox"/>	2 <input type="checkbox"/> x1 <input type="checkbox"/>
(4) 3 or more years of English composition or literature	8012	1 <input type="checkbox"/>	2 <input type="checkbox"/> x1 <input type="checkbox"/>
(5) 2 or more years of a foreign language	8014	1 <input type="checkbox"/>	2 <input type="checkbox"/> x1 <input type="checkbox"/>
(6) 2 or more years of industrial arts, shop, or home economics	8016	1 <input type="checkbox"/>	2 <input type="checkbox"/> x1 <input type="checkbox"/>
(7) 2 or more years of business courses, such as bookkeeping, shorthand, or secretarial typing	8018	1 <input type="checkbox"/>	2 <input type="checkbox"/> x1 <input type="checkbox"/>
d. Was the high school that . . . attended a public school or a private school?		8020	1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private x1 <input type="checkbox"/> DK
CHECK ITEM T3	Refer to Control Card item 31a. Was . . . 's highest grade attended at least one year of college? (Codes 21 – 26 in cc item 31a.)	8022	1 <input type="checkbox"/> Yes – SKIP to 2a 2 <input type="checkbox"/> No
1e. Has . . . received a high school diploma? Include the program known as GED.		8024	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item T5

2a. In what year did . . . first attend college or university?	8026 <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK
b. What is the highest degree beyond a high school diploma that . . . has earned?	8028 1 <input type="checkbox"/> PhD or equivalent 2 <input type="checkbox"/> Professional degree such as Dentistry, Medicine, Law or Theology 3 <input type="checkbox"/> Master's Degree 4 <input type="checkbox"/> Bachelor's Degree 5 <input type="checkbox"/> Associate Degree 6 <input type="checkbox"/> Vocational Certificate or diploma 7 <input type="checkbox"/> Has not earned a degree } <i>SKIP to 2f</i> x1 <input type="checkbox"/> DK
c. In what calendar year did . . . receive his/her highest degree?	8030 <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK
d. (SHOW FLASHCARD V) In what field of study did . . . receive that degree?	Code Field of study 8032 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK
CHECK ITEM T4 Did . . . receive a degree higher than a Bachelor's degree? <i>(Box 1, 2, or 3 marked in item 2b.)</i>	8034 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T5</i>
2e. In what calendar year did . . . receive his/her Bachelor's degree?	8036 <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/> } <i>SKIP to Check Item T5</i> x1 <input type="checkbox"/> DK
2f. (SHOW FLASHCARD V) In what field of study were the courses that . . . took at college or university?	Code Field of study 8038 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
g. When was the last calendar year in which . . . was a student at a college or university?	8040 <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/> OR 1 <input type="checkbox"/> Is still a student x1 <input type="checkbox"/> DK
CHECK ITEM T5 Refer to Control Card item 24. Is . . . 65 years of age or over?	8042 1 <input type="checkbox"/> Yes — <i>SKIP to Check Item T9</i> 2 <input type="checkbox"/> No
3a. Has . . . ever received training designed to help people find a job, improve job skills or learn a new job?	8044 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to Check Item T9</i> x1 <input type="checkbox"/> DK
b. Does . . . use this training on . . . 's (most recent) job?	8046 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Where did . . . receive this training? Mark (X) all that apply.	8048 1 <input type="checkbox"/> Apprenticeship program 8050 2 <input type="checkbox"/> Business, commercial, or vocational school 8052 3 <input type="checkbox"/> Junior or community college 8054 4 <input type="checkbox"/> Program completed at a 4 year college or graduate school 8056 5 <input type="checkbox"/> High school vocational program 8058 6 <input type="checkbox"/> Training program at work 8060 7 <input type="checkbox"/> Military (exclude basic training) 8062 8 <input type="checkbox"/> Correspondence course 8064 9 <input type="checkbox"/> Training or experience received on previous job 8066 10 <input type="checkbox"/> Sheltered workshop 8068 11 <input type="checkbox"/> Vocational rehabilitation centers 8070 12 <input type="checkbox"/> Other

CHECK ITEM T6	Are 2 or more categories marked in item 3c above?	8072	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 3e</i>
3d. Where did . . . receive . . . 's latest training?		8074	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> Enter code from 3c
e. When did . . . receive . . . 's (most recent) training?		8076	1 <input type="checkbox"/> Now attending 2 <input type="checkbox"/> 1984 3 <input type="checkbox"/> 1983 4 <input type="checkbox"/> 1982 5 <input type="checkbox"/> 1981 6 <input type="checkbox"/> 1980 7 <input type="checkbox"/> 1979 or before x1 <input type="checkbox"/> DK <div style="float: right; margin-top: -40px;">} <i>SKIP to Check Item T9</i></div>
f. For how many weeks did . . . attend this (most recent) program?		8078	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> Weeks OR 8080 1 <input type="checkbox"/> Less than one week x1 <input type="checkbox"/> DK
g. Who paid for this (most recent) program?		8082	1 <input type="checkbox"/> Self or family 2 <input type="checkbox"/> Employer 3 <input type="checkbox"/> Federal, State, or local government 4 <input type="checkbox"/> Someone else
CHECK ITEM T7	Is "1982," "1983," "1984," or "Now attending" marked in item 3e above?	8084	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T9</i>
NOTES			
3h. Since January 1, 1982, has . . . received training that was sponsored by any of the following programs —			
(1) The Job Training Partnership Act or the Comprehensive Employment Training Act (JTPA or CETA)?	8086	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	
(2) The Work Incentive Program (WIN)?	8088	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	
(3) The Job Corps Program?	8090	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	
(4) The Trade Adjustment Assistance Act?	8092	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	
CHECK ITEM T8	Is "Yes" marked for one or more of the programs in item 3h?	8094	1 <input type="checkbox"/> Yes — Ask 3i—3k for each program marked 2 <input type="checkbox"/> No — <i>SKIP to Check Item T9</i>

	PROGRAM 1		PROGRAM 2	
	Code	Name of program	Code	Name of program
Enter code from 3h and name of training program. →	8096	<input type="text"/>	8116	<input type="text"/>
3i. In what year did . . . start his/her (Read name of program) training? If more than one training episode, ask about most recent one first.	8098	1 <input type="checkbox"/> 1984 2 <input type="checkbox"/> 1983 3 <input type="checkbox"/> 1982	8118	1 <input type="checkbox"/> 1984 2 <input type="checkbox"/> 1983 3 <input type="checkbox"/> 1982
j. For how many weeks did . . . attend this training program?	8100	<input type="text"/> <input type="text"/> Weeks	8120	<input type="text"/> <input type="text"/> Weeks
	8102	OR 1 <input type="checkbox"/> Less than 1 week x1 <input type="checkbox"/> DK	8122	OR 1 <input type="checkbox"/> Less than 1 week x1 <input type="checkbox"/> DK
k. What type of training program is (was) this? Mark (X) all that apply.	8104	1 <input type="checkbox"/> Classroom training-job skills	8124	1 <input type="checkbox"/> Classroom training-job skills
	8106	2 <input type="checkbox"/> Classroom training-basic education	8126	2 <input type="checkbox"/> Classroom training-basic education
	8108	3 <input type="checkbox"/> On-the-job training	8128	3 <input type="checkbox"/> On-the-job training
	8110	4 <input type="checkbox"/> Job search assistance	8130	4 <input type="checkbox"/> Job search assistance
	8112	5 <input type="checkbox"/> Work experience	8132	5 <input type="checkbox"/> Work experience
	8114	6 <input type="checkbox"/> Other	8134	6 <input type="checkbox"/> Other
CHECK ITEM T9 Is "Worked" marked on the ISS?	8136	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4b		
4a. These next questions are about the main job that . . . was working during the 4-month period.				
CHECK ITEM T10 Refer to Check Item E3, page 14 or Check Item S1, page 18. On . . . 's main job, did . . . work for an employer or is . . . self-employed?	8138	1 <input type="checkbox"/> Worked for an employer — SKIP to 5a 2 <input type="checkbox"/> Self-employed — SKIP to 5f		
4b. In what year did . . . last work at a paid job lasting 2 consecutive weeks or more?	8140	1 9 <input type="text"/> <input type="text"/> SKIP to 4d OR x3 <input type="checkbox"/> Never worked for 2 consecutive weeks or more		
c. What is the main reason . . . never worked 2 consecutive weeks or longer at a job or business?	8142	1 <input type="checkbox"/> Taking care of home or family 2 <input type="checkbox"/> Ill or disabled 3 <input type="checkbox"/> Going to school 4 <input type="checkbox"/> Couldn't find work 5 <input type="checkbox"/> Didn't want to work 7 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	} SKIP to item 1, page 53	
d. At the time . . . last worked 2 consecutive weeks or longer, what was the name of . . . 's employer or business?	PGM 8	Name of employer or business		
	8150	<input type="text"/>		

4e. What kind of company, business, or industry was <i>(Name of employer or business)?</i>	PGM 8 8152	
f. Was that business mainly <i>(Read categories) —</i>	8154	1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale trade? 3 <input type="checkbox"/> Retail trade? 4 <input type="checkbox"/> Some other kind of business?
g. What kind of work was . . . doing on that job?	8156	
h. What were . . . 's main activities or duties?	8158	
i. Did . . . work for an employer on that job or was . . . self-employed?	8160	1 <input type="checkbox"/> Worked for an employer 2 <input type="checkbox"/> Self-employed
CHECK ITEM T11 Is "1983" or "1984" marked in item 4b, page 48?	PGM 7 8162	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 6m</i>
CHECK ITEM T12 Is "Self-employed" marked in item 4i above?	8164	1 <input type="checkbox"/> Yes — <i>SKIP to 5f</i> 2 <input type="checkbox"/> No
5a. About how many persons are (were) employed by . . . 's employer at the location where . . . works (worked)?	8166	1 <input type="checkbox"/> Under 25 2 <input type="checkbox"/> 25 to 99 3 <input type="checkbox"/> 100 to 499 4 <input type="checkbox"/> 500 to 999 5 <input type="checkbox"/> 1,000 or more x1 <input type="checkbox"/> DK } <i>SKIP to 5d</i>
b. Does (Did) . . . 's employer operate in more than one location?	8168	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 5d</i>
c. About how many persons are (were) employed by . . . 's employer at ALL LOCATIONS?	8170	1 <input type="checkbox"/> Under 25 2 <input type="checkbox"/> 25 to 99 3 <input type="checkbox"/> 100 to 499 4 <input type="checkbox"/> 500 to 999 5 <input type="checkbox"/> 1,000 or more x1 <input type="checkbox"/> DK
d. Is (Was) . . . a member of a labor union at the time . . . worked at that job?	8172	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
e. Is (Was) . . . covered by a union contract at that job?	8174	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
f. For how many years has . . . worked (did . . . work) at that job or business?	8176 8178 8180	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Years</div> </div> <div style="text-align: center; margin: 5px 0;">OR</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Months</div> </div> <div style="margin-top: 5px;"> x1 <input type="checkbox"/> DK </div>

<p>g. What was . . . 's approximate rate of pay before deductions at the time . . . started working at this job?</p> <p>Mark (X) only one.</p>	<p>8182 \$ <input type="text"/> . <input type="text"/> Per hour</p> <p>OR</p> <p>8184 \$ <input type="text"/> . <input type="text"/> 00 Per week</p> <p>OR</p> <p>8186 \$ <input type="text"/> . <input type="text"/> 00 Per month</p> <p>OR</p> <p>8188 \$ <input type="text"/> . <input type="text"/> 00 Per year</p> <p>8190 x1 <input type="checkbox"/> DK</p>
<p>ASK OR VERIFY —</p> <p>5h. How many hours per week does (did) . . . usually work at this job?</p>	<p>8192 <input type="text"/> <input type="text"/> Hours</p> <p>x1 <input type="checkbox"/> DK</p>
<p>i. For how many years has (had) . . . done the kind of work that . . . does (did) on this job?</p>	<p>8194 <input type="text"/> <input type="text"/> Years</p> <p>OR</p> <p>8196 <input type="text"/> <input type="text"/> Months</p> <p>8198 x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM T13 Is "Worked" marked on the ISS?</p>	<p>8200 1 <input type="checkbox"/> Yes — SKIP to Check Item T14 2 <input type="checkbox"/> No</p>
<p>5j. What was the main reason . . . stopped working for (Name of employer or business)?</p> <p>Mark (X) only one.</p>	<p>8202</p> <p>1 <input type="checkbox"/> Layoff, plant closed 2 <input type="checkbox"/> Discharged 3 <input type="checkbox"/> Found a better job 4 <input type="checkbox"/> Retirement 5 <input type="checkbox"/> Did not like working conditions 6 <input type="checkbox"/> Dissatisfied with earnings 7 <input type="checkbox"/> Family or personal reasons 8 <input type="checkbox"/> Did not like location 9 <input type="checkbox"/> Other — Specify <input type="text"/></p>
<p>CHECK ITEM T14 Is . . . 21 years of age or over?</p>	<p>8204 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to item 1, page 53</p>
<p>CHECK ITEM T15 Is 10 or more years marked in 5f?</p>	<p>8206 1 <input type="checkbox"/> Yes — SKIP to 7a 2 <input type="checkbox"/> No</p>
<p>ASK OR VERIFY —</p> <p>Exclude part-time jobs held at the same time as job entered in 5a through 5i.</p> <p>6a. Did . . . hold a job before the one we have just talked about?</p>	<p>8208 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 7a</p>
<p>b. What was the name of the employer or business . . . worked for at that earlier job?</p>	<p>PGM 8 Name of employer or business</p> <p>8250 <input type="text"/></p>

c. What kind of company, business, or industry was (Name of employer or business)?	8252	
d. Was that business mainly (Read categories) —	8254	1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale trade? 3 <input type="checkbox"/> Retail trade? 4 <input type="checkbox"/> Some other kind of business?
e. What kind of work was . . . doing on that job?	8256	
f. What were . . . 's main activities or duties?	8258	
g. Did . . . work for an employer on that job or was . . . self-employed?	8260	1 <input type="checkbox"/> Worked for an employer 2 <input type="checkbox"/> Self-employed
h. In what year did . . . START working for (Name of employer or business)?	PGM 7	
	8262	1 9 <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK
i. In what year did . . . STOP working for (Name of employer or business)?	8264	1 9 <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK
6j. How many hours per week did . . . usually work at this job?	8266	<input type="text"/> <input type="text"/> Hours x1 <input type="checkbox"/> DK
k. What was . . . 's approximate rate of pay before deductions at the time . . . stopped working on that job? <i>Mark (X) only one.</i>	8268	\$ <input type="text"/> . <input type="text"/> Per hour OR 8270 \$ <input type="text"/> . 00 Per week OR 8272 \$ <input type="text"/> . 00 Per month OR 8274 \$ <input type="text"/> . 00 Per year 8276 x1 <input type="checkbox"/> DK
l. How much time was there between the time . . . stopped working for (Name of employer or business) and the time . . . started working at . . . 's current (most recent) main job? <i>Mark (X) only one.</i>	8278	<input type="text"/> <input type="text"/> Weeks OR 8280 <input type="text"/> <input type="text"/> Months OR 8282 <input type="text"/> <input type="text"/> Years 8284 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK

m. What was the main reason . . . stopped working for <i>(Name of employer or business)?</i> Mark (X) only one.	<div>8286</div> <div> <input type="checkbox"/> Layoff, plant closed <input type="checkbox"/> Discharged <input type="checkbox"/> Found a better job <input type="checkbox"/> Retirement <input type="checkbox"/> Did not like working conditions <input type="checkbox"/> Dissatisfied with earnings <input type="checkbox"/> Family or personal reasons <input type="checkbox"/> Did not like location <input type="checkbox"/> Other — Specify ↓ </div>
7a. In what year did . . . first work six straight months or longer at a job or business?	<div>8288</div> <div>1 9</div> <div> x3 <input type="checkbox"/> Never worked 6 straight months at a job or business x1 <input type="checkbox"/> DK </div> <div> } SKIP to Check Item T16 </div>
b. Since <i>(Year entered in 7a)</i> how many years have there been when . . . worked at least 6 months during the year?	<div>8290</div> <div> x5 <input type="checkbox"/> All years OR <div> <input type="text"/> <input type="text"/> Years </div> x1 <input type="checkbox"/> DK </div>
c. During the time that . . . has worked, has . . . generally worked full-time or part-time?	<div>8292</div> <div> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time </div>
<div>CHECK ITEM T16</div> Refer to Control Card item 24. Is . . . 65 years of age or older?	<div>8294</div> <div> <input type="checkbox"/> Yes — SKIP to item 1, page 53 <input type="checkbox"/> No </div>
8a. People spend time out of the labor force for various reasons, such as taking care of a home or family, illness, going to school or other reasons. Since . . . was 21 years of age, have there been any periods lasting 6 months or longer when . . . did not work at a paid job or business?	<div>8296</div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to item 1, page 53 </div>
b. From the time . . . was 21 years old, when was the first time that . . . went 6 months or longer without working at a job or business?	<div>8298</div> <div> FROM 1 9 </div> <div> <div>8300</div> <div>TO 1 9</div> </div> <div>8302</div> <div> x1 <input type="checkbox"/> DK </div>

- ## NOTES